KELLER AND HECKMAN LLP SERVING BUSINESS THROUGH LAW AND SCIENCE®

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WRITER'S DIRECT ACCESS

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March 8, 2002

Via Facsimile

Wireless Telecommunications Bureau Federal Communications Commission 445 12th Street, NW Washington, DC 20554

Re: Easterbrooke Cellular Corporation
911 Carrier Transition Report

Dear Sir/Madam:

Transmitted herewith, on behalf of Easterbrooke Cellular Corporation, is its 911 Carrier Transition Report that is due on or before March 11, 2002.

We respectfully request that the Commission communicate directly with this office should any questions or concerns arise regarding this report.

reguline C. Williams / for

Michael F. Morrone

Enclosure

	Nose:	This is a sample template, is is not an OMB approved form.
Universal 911 Disling- First Transition Report		
Please read instructions before completing Section 1		
Carrier identification Information		
Parent Company Name Douglas Telecommunications, Inc.		
Service Provider Name Easterbrooke Celluar Corporations, Inc.		
Company Address, City, State, Zip 1101 5th Ave Suite #360 San Rafael, CA 9490		
Service Provider Type Wireless Wireline		
T W Inteless		
Name(s) of Wireless License Holder(s)		
Easterbrooke Celiular Corporation		
Contact Name Andrew Havlik		
Contact Tel # 415/526-2204		
Fax # 415/526-2214		
E-mail Address		
ahaviik@dougzel.com Section 2		
Local Area 911 Implementation	_	
List all Individual local areas covered by this report (e.g., Lee County, Virginia): Randolph County, West Virginia		
		1

(a) For each area listed above, identify the emergence Court House	y response point to which 911 calls will be routed.
Elkins, WV 26241	
304/436-2000	
1	
	•
(b) For each area listed above, provide details of the ca	arrier's progress in completing transistion and other work necessary to route 9! I calls to
the identified emergency response point. Completed	Calls to
	·
•	
(c) For each area listed above, provide the date or proj	jected date that transition to the 911 abbreviated dialing code will be completed.
Completed.	
Section 3	
911 Implementation Problems	
(a) Describe any problems the reporting carrier has encorproblems carrier has experienced during the Initial transition.	untered in identifying 911 number call routing points. Describe any other operational
None.	on Kages,
	•
(b) Where the repareing and in the	
to whole the reporting carrier has experienced 911 importal safety agencies and state and local authorities.	elementation problems, describe any efforts the carrier has made to coordinate with
None.	
•	

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Section	14				
Certific	ation - To be signed by an aut	norized representative of the r	eporting entity		
,	Lacariti about an or or or ob-				
×	I certify that I am an authorize the best of my knowledge, infa affairs of the above-named co	STATIONAL PROPERTY AND	r-named reporting entit nents of fact contained	y, that I have examined in this form are true and	the foregoing report and to accurate statements of the
×	I certify that I am an authorize the best of my knowledge, info completed the steps necessary				
				•	
Signatur	KM) 8				
Printed r	name of authorized representativ	· Tim MeGAN			
Tal.	1 0	9,14	v		
Tide /	ICE PRESIDENT				•
Date -	3-8-02			_	
This filing	g is: Kanginal filing		÷		
	e en de en deuten minik	revised filing	•		

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